



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
SOLID WASTE MANAGEMENT PROGRAM
SANITARY LANDFILL SOLID WASTE TONNAGE FEE REPORT

Mail Completed Form to: MISSOURI DEPARTMENT OF NATURAL RESOURCES
P.O. Box 477, Jefferson City, Missouri 65102

PERMIT NUMBER	REPORTING PERIOD	
FACILITY	COUNTY	SOLID WASTE REGION

☐ If no solid waste was accepted during the reporting period, check box and sign below.

A. WEIGHT METHOD

	TONS	FEE	TOTAL OWED
1. Weight		x \$2.11	= \$

B. VOLUME METHOD

TYPE OF WASTE	CUBIC YARDS	CONVERT TO TONS	TONS	FEE	TOTAL OWED
2. General Waste		x 0.33	=	x \$2.11	= \$
3. Baled Waste		x 0.70	=	x \$2.11	= \$
4. Heavy Waste		x 1	=	x \$2.11	\$
5. Total Lines 1 + 2 + 3 + 4					
6. Less 2% handling costs					X .98
7. Amount Due Line 5 multiplied by 98% Enclose check or money order for amount due made payable to the Missouri Department of Natural Resources					\$

8. Weight of material reported above that was used as Alternative Daily Cover (ADC) TONS

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PREPARED BY:	PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR		
NAME	NAME		
TITLE	TITLE		
PHONE () -	EXT.	PHONE () -	EXT.
SIGNATURE	SIGNATURE		
DATE / /	DATE / /		

FOR OFFICE USE ONLY

DATE	AMOUNT DUE	AMOUNT RECEIVED	DMS INITIALS
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Deposit Information Method A - Line 1: 0570-780-3445-1206-01

Deposit Information Method B - Lines 2, 3 and 4: 0570-780-3445-1206-02

County:

Facility: